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|-----------------------------------------------------------------------------------------|----------------------|------------------------|--------------------------------------------------------------------|
| TRANSMITTAL FORM (to be used for all correspondence after initial filing) | Application Number | 10/710,362 | RECEIVED CENTRAL FAX CENTER IAN 26 2006 |
| | Filing Date | 07/06/2004 | |
| | First Named Inventor | Anatoly Kogan | |
| | Art Unit | 1814 | |
| | Examiner Name | GRAFFEO, MICHELLE | |
| Total Number of Pages in This Submission | 2 | Attorney Docket Number | N/A |

| ENCLOSURES (Check all that apply) | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input checked="" type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input checked="" type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below): |
| Remarks In response to your action action mailed 08/25/2005 I submit as follows: Please see attached Page 2. I claim the benefit and priority of the date of application 07/06/2004 as shown above. | | |

| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT | | | |
|--------------------------------------------|---------------|----------|--|
| Firm Name | N/A | | |
| Signature | A. N. KOGAN | | |
| Printed name | Anatoly Kogan | | |
| Date | 10/14/2005 | Reg. No. | |

| CERTIFICATE OF TRANSMISSION/MAILING | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|------|------------|
| I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below. | | | |
| Signature | A. N. KOGAN | | |
| Typed or printed name | Anatoly Kogan | Date | 10/14/2005 |

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

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United States Patent and Trademark Office
Ms. Michelle Graffeo
Art Unit 1614
Re: Application No. 10/710,382
Filing date 07/06/2004
First named inventor – Anatoly Kogan
Confirmation No. 5111

Dear Ms. Graffeo,

In response to your action mailed 08/25//2005, I submit the following:

“A method of the treatment of the hardened mucus deposits of nasal cavities comprising to a subject in need of such treatment a composition of 1% of Hydrocortisone 10, present in the amount of 50% of the total composition and Original Neosporin Ointment, that contains in itself as main ingredients Neomycin, Polymyxin, and Bacitracin Zinc, comprising another 50% of the total composition wherein a therapeutically effective amount of the composition is applied in the nasal cavity of subject”.

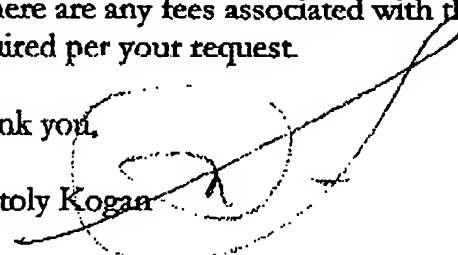
This composition of mine has unexpected results and will provide relief to millions of people exposed to cold weather and hard winter conditions.

I kindly ask to revise my application.

If there are any fees associated with this correction, it will be paid by me as required per your request.

Thank you,

Anatoly Kogan



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